



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

05 JAN -5 AM 11:17

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

This Statement covers from 8 24 04 to 10 17 04
Mo Day Year Mo Day Year

1. Committee I.D. Number 137467

4. Candidate Last Name ROCCA First Name FRANK M.I. A

2. Committee Name

4a. Office Sought Including District # or Community Served (If applicable)
COUNTY COMMISSIONER DISTRICT 6

THE FRANK ROCCA ELECTION COMM.

4b. County of Residence MACOMB

5. Committee's Mailing Address

6. Treasurer's Name & Residential Address

27052 BROADMOOR
WARREN MI

JULIANNE ROCCA

Area Code and Phone 586-757-2525

SAME AS 5.

Area Code & Phone () -

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

7. Treasurer's Business Address

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone ()

Area Code and Phone ()

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary ☒ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

Month Day Year

9c. ☐ Annual Statement (Coverage Year)

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Julianne Rocca, Julianne Rocca Date 12 13 04
Type or Print Name Signature Mo Day Year

Candidate Frank Rocca, Frank A. Rocca Date 12 13 04
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137467
2. Committee Name THE FRANK ROCCA
ELECTION COMM.

**SUMMARY PAGE
CANDIDATE COMMITTEE**

| RECEIPTS | | Column I This Period | Column II Cumulative this election cycle |
|--|------------|-------------------------|---|
| 3. Contributions | | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ | <u>850.00</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ | <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ | <u>850.00</u> | (18.) \$ <u>2,500.00</u> |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ | <u>850.00</u> | (19.) \$ <u>2,500.00</u> |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ | <u>850.00</u> | (20.) \$ <u>2,500.00</u> |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ | <u>1</u> | (21.) \$ |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ | | (22.) \$ |
| EXPENDITURES | | | |
| 8. Expenditures | | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ | <u>850.00</u> | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ | | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ | | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ | <u>850.00</u> | (23.) \$ <u>2,528.17</u> |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | | |
| 10. Disbursements | | | |
| a. Itemized (Schedule 1C, Column 6) | (10a.) \$ | | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ | | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ | | (24.) \$ |
| DEBTS AND OBLIGATIONS | | | |
| 12. Debts and Obligations | | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ | <u>1,300</u> | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ | | |
| BALANCE STATEMENT | | | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ | <u>177.33</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ | <u>850.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ | <u>1027.33</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ | <u>850.00</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ | <u>177.33</u> | |



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137 467
2. Committee Name THE F.R. ELECTION COMM

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|-----------|---|
| 3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-13-04</u> Name: <u>RUSSELL MARRONE</u> Address: <u>4288 CONNIE - STRL HTS, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | \$25 | \$75 |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>NICK CHAKUR</u> Address: <u>8150 WARREN BVD</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | \$50 | \$100 |
| 3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>MATT DOUGHERTY</u> Address: <u>388 LAKE SHORE POINTE - HOWELL, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | \$25 | \$75 |
| 3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>FLOYD RAPER</u> Address: <u>27064 BROAD MOON WARREN, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | \$100 | \$100 |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) | | \$200 | \$850 |

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 137467
2. Committee Name THE F.R. ELECTION COMM.

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus item 8) |
|--|---|---|---------------------------------------|--|
| Debt #1 Corp? <input type="checkbox"/> Yes Owed <input checked="" type="checkbox"/> to or by: <u>ROCCA, MARIA</u> <u>11076 10 MILE</u> <u>WARREN, MI</u> | 4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>10-01-04</u> 6. Original Amount of Debt: \$ <u>1000.00</u> | <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ | <u>\$ - 0 -</u> | \$ <u>1,000.00</u> <input type="checkbox"/> FORGIVEN <u>1,000.00</u> |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #2 Corp? <input type="checkbox"/> Yes Owed <input checked="" type="checkbox"/> to or by: <u>ROCCA FRANK</u> <u>27052 BROADMOOR</u> <u>WARREN, MI</u> | 4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>7-05-04</u> 6. Original Amount of Debt: \$ <u>300.00</u> | <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ | <u>\$ - 0 -</u> | <u>300</u> <input type="checkbox"/> FORGIVEN <u>300</u> |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____ | 4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____ | <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ | _____ | _____ <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |

Page Subtotal (Outstanding debt)

1300

Grand Total of all Schedules 1E

1300

(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.